

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/597100

FILING DATE

APPLICANT(S)

8/04/66 CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	2		1		1	
4	3		1		1	
5	3		1		1	
6	3		1		1	
7	3		1		1	
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TOTAL IND.			2	2	2	
TOTAL DEP.			12	12	12	
TOTAL CLAIMS			14	12	12	

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						